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MISSOURI

20 East Main Street
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By Appointment Only

CERTIFICATE OF NEED PROGRAM

July 27, 2015

Karla Houchins Program Coordinator CN Program 3418 Knipp Drive, Suite F P.O. Box 570 Jefferson City, MO 65102

Re: Summit Villa Lifecare; Project #4973 RT

Dear Karla:

Enclosed please find the PPR for this project. We are also requesting an extension. As you may recall, we reduced the size of the building and its cost in the last PPR filing. As you will see from the enclosed report, they expect to begin site work in August with construction to begin late August, early September.

As part of the PPR and extension request we are enclosing the financing commitment. As you will see, it provides for creating a new entity to own the new facility. Therefore, we request that the "owner" of the facility and land for this CON be changed to "Fortuna Redux, LLC". Fortuna Redux, LLC is also owned by the Guthrie family so the underlying ownership is not changing. If you have any questions, please call.

Very truly yours,

Richard D. Watters

RDW/esl

Enclosures

cc: Stephen Guthrie





Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the Letter of	Intent for this project, withou	ut exception.		
1. Project Location (Attach additional pages as n	ecessary to identify multiple project s	sites.)		
Title of Proposed Project Summit Villa Lifecare	Project Number 4973 RT			
Project Address (Street/City/State/Zip Code)		County		
229-239 Karen Drive, Holts Summit, MO 65043		Callaway		
2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)				
List All Owner(s): (List corporate entity.)	Address (Street/City/State	e/Zip Code)	Telephone Number	
Fortuna Redux, LLC	3728 S. Old Ridge Court, Colu	ımbia, MO	908-507-6351	
(List entity to be List All Operator(s): licensed or certified.) A	Address (Street/City/State/Zip (Code) Telepho	one Number	
Guthrie Enterprises, Inc.	3728 S. Old Ridge Court, Colu		908-507-6351	
·				
3. Ownership (Check applicable category.)			L	
☐ Nonprofit Corporation ☐ Individ	lual 🗌 City	☐ District		
☐ Partnership ☐ Corpor	ration \Box County	Other_		
4. Certification				
In submitting this project application, the app	licant understands that:			
 (A) The review will be made as to the coapplication; (B) In determining community need, the consider all similar beds or equipme (C) The issuance of a Certificate of Need and CON statute; (D) A CON shall be subject to forfeiture months after the date of issuance, u (6) months: (E) Notification will be provided to the C (F) A CON, if issued, may not be transference. 	e Missouri Health Facilities ent within the service area; if (CON) by the Committee of for failure to incur an expendences obligated or extendence CON Program staff if and wi	s Review Committee (Committee) depends on conformance venditure on any approved d by the Committee for an then the project is abandon	mittee) will with its Rules project six (6) additional six ned; and	
We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:				
5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)				
Name of Contact Person Richard D. Watters		Title Attorney		
Telephone Number Fax Number		E-mail Address		
314-621-2939 314-621-684 Signature of Contact Person W0 580-1861 (03/13)	44	Date of Signature		

Central Bank



July 24, 2015

Stephen and Debra Guthrie 3728 S. Old Ridge Ct. Columbia, MO 65203-9542

Dear Stephen and Debra,

I am excited to provide Central Bank's commitment to finance construction of the Timbers at Summit Villa. It is my understanding a new entity will be formed and the site will be created by dividing the existing Guthrie Enterprises, Inc. land. The following provides our revised commitment and the terms and conditions we have discussed over the last several months.

Borrower:

Fortuna Redux, LLC

Loan Amount:

\$6,100,000

Interest Rate:

4% for 1 year or until the construction is completed and lender receives a completion certificate from the appraiser. Then 3.75% fixed for 5 years, with a .25% reduction in the interest rate to 3.5% when the debt service coverage ratio (DSCR) is 1.25x or greater based on an accrual based statement for the prior 12 months operations. DSCR is the sum of net income, depreciation, and interest divided by the annual debt service required on the three notes payable to Central Bank and any other lenders.

Payments:

Interest only monthly on the amount of the construction loan in use. Then monthly payments to amortize the new loan in 240 monthly payments.

Collateral:

A first deed of trust on the to be constructed facility. A lien on all furniture and fixtures of the new facility. An assignment of the Certificate of Need held by Fortuna Redux LLC.

A third deed of trust on property owned by Guthrie Enterprises, subject to the two deeds of trust securing notes # 2662 and #4463 on property located at 229 Karen Drive Holts Summit, Mo. A lien on the furniture and fixtures of Guthrie Enterprises. An assignment of the Certificate of Need held by Guthrie Enterprises.

Guarantors:

Stephen and Debra Guthrie

Loan Fee:

\$500

Page 2 July 24, 2015

Taxes:

We will establish an escrow for the real estate taxes equal to 1/12th of the

annual tax. This amount will be determined when the county has

established the tax due reflecting the new construction.

Appraisal:

We will require an appraisal reflecting the value of both the existing and the newly constructed facility. The Bank's loan should not exceed 85% of

the total value.

Title Insurance:

The bank will be provided a lender's title insurance policy equal to the

amount of the loan.

Fire and Extended Coverage Insurance: The Bank will be named as mortgagee in an amount at

least equal to the loan.

Construction Advances- The bank will be provided with copies of invoices

for completed work and lien waivers for all labor and materials for the

prior advance.

Closing Costs: You will be responsible for all third party expenses related to the loan

including recording expenses, closing fees, title insurance and any other

fees.

Annual Submission of Financial information: You agree to provide us with a copy of your tax

returns each year and a current personal financial statement by September

30th

I appreciate the opportunity to provide this financing. It will be a significant positive addition to

the community. Please don't hesitate to call me with questions or comments.

Sincerely,

Executive Vice President

NMLS #525978

MQJ:jd

Please acknowledge acceptance of this offer by signing below. Unless accepted the commitment

will expire on July 31, 2015.

Stephen Guthrie

Debra Guthrie

a. Muth

Certificate of Need Request for Extension

To request a six-month extension to incur a capital expenditure or above-ground construction, complete this form in its entirety. Also submit a completed Periodic Progress Report with this form if it is due at this time. Send this information by email to CONP@health.mo.gov (preferred), fax at 573-751-7894, or mail to CONP, P.O. Box 570, Jefferson City, MO 65102. Request for extensions must be received in adequate time to allow for processing prior to the meeting for which a decision is scheduled.

Date: 7/27/2015					
Project #: 4973 RT Project Name: Summit Villa Lifecare					
Project Title/Desc	cription:	To replace 46 ALF beds.			
1. Briefly expla					
Additional p	roject de	elays occurred due to delays in completion of civil engineering and complet	ion of		
subsequent l	ocal mur	nicipal permitting requirements.			
2. Briefly state	the reason	n(s) for the extension request.			
This extension	n request	t was already anticipated and communicated in the previous filing for extension	dated		
December 4,	2014.				
3. What steps have been completed for the project to date and when were they completed?					
Date Completed	Date Completed Step Completed				
	April 21, 2015 Geotechnical report for building site				
April 15, 2015 July 20, 2015	Site Stak HVAC D				
July 20, 2015	Plumbing				
July 17, 2015	Structura	al Design			
July 13, 2015	Missouri	i DNR Permit			
4. What steps ar	e needed	I in order incur a capital expenditure (above ground construction or equipment			
		e project, and when will they be completed?			
Anticipated	Step	project, and when with they be completed:			
Completion Date	to be Con	<u>mpleted</u>			
July 29, 2015	DHSS Ar	rchitectural Plans Approval Meeting			
April 14, 2015 April 14, 2015	Grading Building	Permit			
April 14, 2015	Dunding	1 CT MILL			
		i .			
5. What are the	steps that	t will take place after the capital expenditure to complete the project and when d	io you		
anticipate tha	t they wil	If be completed?			
Anticipated	Step 6				
Completion Date July 31, 2015	to be Con	mpleted e Civil Design			
July 23, 2015		e Architectural Design			
July 24, 2015	_	e MEP Design			
August 14, 2015		al Permit Review			
8/3/2015 - 4/30/16 August 17, 2015	Site Worl	R illding Construction			
Mid Sept 2015		Il Municipal Approvals			
July 5, 2016		e Building Construction			
	* /		57 M		
6. Are planning If "no", explain.	and/or zo	oning matters complete, and is the site approved?	s ⊠ No		
	with loc	cal municipal authorities and undertsand requirements. All local approvals	should		
		eptember 2015.	Should		
		cured for the project? Yes	s □ No		
		ired and documentation was not previously provided, attach a copy of the	, [] 110		
	letter from the lender or 3 rd party documentation.				
Are financing contingencies complete? Is financing available for immediate disbursal for the project? Yes No Yes No					
Is financing a	Is financing available for immediate disbursal for the project?				
	If the answer is "no" to any of the above questions, explain.				
A letter of commitment from the lender has been obtained. Remaining contingencies to secure financing					
include a legal description of the revised plat plan (to obtain title insurance), consistent with the new					
ownership structure (Fortuna Redux, LLC). Cash reserves are available to fund immediate project					
requirements.					
Give specifics of any and all existing financing problems and the reason(s) for their occurrence.					
None			i		

8.	Are there any new equity partners for the project as originally presented to the committee? Yes No If "yes", explain.			
	We are requesting approval to change the owner of the new 46 bed facility from Guthrie Enterprises, Inc.			
	to Fortuna Redux, LLC. Both of these legal entities have common ownership by members of the immediate Guthrie family.			
9.	Explain any and all restructuring of the project as originally presented to the committee.			
	There will be a different footprint for the new facility; somewhat smaller overall as previously disclosed			
1	in prior PPR.			
 Describe any anticipated situation(s) or problems not previously addressed that may prevent the project from incurring a capital expenditure by the end of the requested extension, should the extension be granted. None 				
11	If this extension is granted, do you anticipate that additional six-month extensions will be necessary?			
11.	Yes No If "yes", how many would be needed?			
	Explain why additional extensions would be needed.			
	Explain why additional extensions would be needed.			
Sign	nature Printed Name Date			
-918	rinted traine			
1	1/21/1 / 1/27/15			